Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR AL	LOWA	BLE AND	AUTHOR	IZATION				
I.	TOT	RANSPO	ORT OIL	_ AND NA	TURAL G	AS				
Operator Earl R. Bruno Co.						Well API No. 30-005-20164				
Address		707				<u>. l .</u>	X / _ CC/-	<u>) (AC)</u>	707	
P.O. Box 590	Midland, lex	xas /9/	702		(D)					
Reason(s) for Filing (Check proper box) New Well	Change	e in Transpo	wter of:		her (Please exp	(ain)				
Recompletion	Oil	Dry Ga								
Change in Operator	Casinghead Gas	Conden	_							
If change of operator give name				NO 141 13		70700				
	rl R. Bruno	P.U.	ROX 22	<u>Midia</u>	nd, Texa	<u>s /9/02</u>				
II. DESCRIPTION OF WELL LEAGE NAME	Well N	ing Formation	Kind	Kind of Lease Lease No.						
Chaveroo San Andres	1 , 1					State Federal or Fee NHI 13999				
Location (Tract /)	:2.2.4.4				~	~~~		1. 4		
Unit Letter	_ : <u></u>	Feet Fro	om The 🗳	outh Li	e and	<u>90 </u>	et From The _	west	Line	
Section 3 Townsh	<u>ip 85 </u>	Range	<u> 3a</u>	E ,N	мрм, (haves			County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL ANI	D NATU				well			
Name of Authorized Transporter of Oil	or Con	densale		Address (Gi	ve address to w	hich approved	copy of this for	m is to be se	ni)	
Name of Authorized Transporter of Casin	Gas	Address (Gi	ve address to w	hich approved	copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.					ly connected?	When	?			
f this production is commingled with that	from any other lease	or pool, give	e comming!	ing order nur	ber:				 	
V. COMPLETION DATA										
Designate Type of Completion	Oil W	/ell G	las Well	New Well	Workover	Deepen	Plug Back	iame Res'v	Dist Res'v	
Date Spudded	Date Compl. Ready	y to Prod.		Total Depth	l	<u> </u>	P.B.T.D.		1	
PI - CPT PICE POT CP - 1				Top Oil/Gas Pay			<u> </u>			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				1.00 0.0000110)			Tubing Depth			
Perforations				· — — .			Depth Casing	Shoe		
	TUBIN	G, CASIN	IG AND	CEMENTI	NG RECOR	TD				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
······································	 									
V. TEST DATA AND REQUE							J			
OIL WELL (Test must be after t	recovery of total volum	ne of load oi	il and must					full 24 hour	5.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pi	ump, gas lift, e	(c.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
	<u> </u>					· · · · · · · · · · · · · · · · · · ·				
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sate/MMCF		Gravity of Co	ndensate		
numa rock rock-morro							,			
Testing Method (pitol, back pr.)	Tubing Pressure (St	hut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC			CE	(ISER\//	ATION D		M	
I hereby certify that the rules and regul Division have been complied with and						·ULI 1 V A	TIOND	1 1 1010	1.4	
is true and complete to the best of my				Date	Approve	d		1		
Dandika				Dale						
on Charin	By Orig. Signed by,									
Signature Randy Bruno	By Orig. Signed by, Paul Kauta Geologist									
Printed Name 11/4/92		od. Mgr Tide 585-011		Title						
Date 11/4/32	<u></u>	elephone No		H						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.